County: Brown
COTTONWOOD CENTER
1311 NORTH DANZ AVENUE
GREEN BAY 54302

GREEN BAY 54302 Phone: (920) 468-4801		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	53	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	53	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	51	Average Daily Census:	49

Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	19. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	86.3	More Than 4 Years	66. 7
Day Services	Yes	Mental Illness (Org./Psy)	0. 0	65 - 74	5. 9		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	7.8	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	13. 7		
Transportati on	No	Cerebrovascul ar	0. 0	'		RNs	4. 0
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	4. 8
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	60.8	Aides, & Orderlies	33. 1
Mentally Ill	No			Female	39. 2	,	
Provi de Day Programming for	i		100. 0				
Developmentally Disabled	Yes				100. 0		
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## Method of Reimbursement

		Medicare Title 18			ledicaid litle 19			0ther		F	ri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				51	100.0	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	51	100.0
Traumatic Brain In	j 0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		51	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		51	100. 0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condition	s, Services, a	nd Activities as of 12	2/31/01
		[		% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	37. 5	Bathi ng	15. 7		52. 9	31. 4	51
Other Nursing Homes	0.0	Dressi ng	39. 2		33. 3	27. 5	51
Acute Care Hospitals	0.0	Transferring	70. 6		13. 7	15. 7	51
Psych. HospMR/DD Facilities	12. 5	Toilet Use	<b>58.</b> 8		25. 5	15. 7	51
Rehabilitation Hospitals	0.0	Eati ng	72. 5		21. 6	5. 9	51
Other Locations	<b>50.</b> 0	*************	******	******	********	*******	******
Total Number of Admissions	8	Continence		% S <sub>1</sub>	oecial Treatmer		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0. 0	Receiving Resp	piratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	49. 0	Receiving Trac	cheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	49. 0	Receiving Suct	ti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Osto	omy Care	5. 9
Acute Care Hospitals	0.0	Mobility			Receiving Tube		2. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Mech	hanically Altered Diet	s 29.4
Rehabilitation Hospitals	0.0						
Other Locations	62. 5	Skin Care		0		Characteri sti cs	
Deaths	37. 5	With Pressure Sores		2. 0	Have Advance I	Di recti ves	0. 0
Total Number of Discharges		With Rashes		0. 0 M	edi cati ons		
(Including Deaths)	8				Receiving Psyc	choactive Drugs	33. 3

	Thi s		DD	T		
	Facility		ilities		lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92. 5	84. 6	1. 09	84. 6	1. 09	
Current Residents from In-County	74. 5	41. 3	1. 81	77. 0	0. 97	
Admissions from In-County, Still Residing	12. 5	17. 0	0. 73	20. 8	0. 60	
Admissions/Average Daily Census	16. 3	18. 6	0. 88	128. 9	0. 13	
Di scharges/Average Daily Census	16. 3	22. 2	0. 74	130. 0	0. 13	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0. 00	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	13. 7	15. 8	0. 87	87. 5	0. 16	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00	
General Medical Service Residents	0.0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	34. 9	50. 6	0. 69	49. 3	0. 71	
Psychological Problems	33. 3	46. 6	0. 71	51. 9	0.64	
Nursing Care Required (Mean)*	4. 9	11. 0	0. 45	7. 3	0. 67	